

DISCLOSURE SUMMARY PAGE

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

IA ETHICS AND
PM 10-19-10
2010 OCT 20 AM 8:57

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

IMPORTANT: Indicate by # type of committee you are reporting for: ☐

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Mary Gaskill

Political Party (if applicable)

Democrat

Office Sought

State Representative

District (if Senate or House)

93

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE
REPORT**For Office Use Only**

Comm. #

1374

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Carollee Kern
SIGNATURE OF PERSON FILING REPORT

641-684-8235
TELEPHONE

10-19-10
DATE SIGNED

I AM FILING A 10/19/2010

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # ☐☐ CHECK IF AMENDMENT TO REPORT DATED

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 4,472.47

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

6,260.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 10,732.47

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

9,276.12

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 1,456.35

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0.00

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 225.12

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
08/02/2010	ID# 6478 CK# 1262	IANA-PAC Iowa Assoc of Nurse Anesthetists 17893 224th St Manchester, IA 52057	none	\$200.00	<input type="checkbox"/>
08/16/2010	ID# 6116 CK# 1837	Iowa-Nebraska Equipment Dealers Assoc. Political Action, 1311 50th Street West Des Moines, IA 50266	none	100.00	<input type="checkbox"/>
08/27/2010	ID# 6021 CK# 002590	Credit Union PAC P.O. Box 10409 Des Moines, IA 50306	none	500.00	<input type="checkbox"/>
08/29/2010	ID# CK#	Steve Siegel 411 Court St Ottumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
08/29/2010	ID# CK#	William R. Woerner 300 Ivanhoe Rd Waterloo, IA 50701	none	100.00	<input checked="" type="checkbox"/>
08/29/2010	ID# CK#	Joan I. Thompson 541 W Park Ave Ottumwa, IA 52501	none	35.00	<input checked="" type="checkbox"/>
08/29/2010	ID# CK#	James H. Schwartz 107 E 2nd St Ottumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
08/29/2010	ID# CK#	Patricia L. Shaffer 416 Cory Dr Ottumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
08/29/2010	ID# CK#	John J. Hennen 1 Oak Ridge Rd Apt 202 Ottumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
08/29/2010	ID# CK#	Naomi and Charles Poncy 653 n Court St Ottumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1185.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 4
(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
08/29/2010	ID# CK#	Unitemized Contributions	none	\$220.00	<input checked="" type="checkbox"/>
09/04/2010	ID# CK#	Mary Louise Carl 14 Bear Creek Estates Dr Otumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
09/04/2010	ID# CK#	Sue Richardson 16922 74th St Otumwa, IA 52501	none	30.00	<input checked="" type="checkbox"/>
09/04/2010	ID# CK#	Carol Haupt 812 E Woodland Otumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
09/04/2010	ID# CK#	Brenda Curran 1417 N Van Buren Ave Otumwa, IA 52501	daughter	50.00	<input checked="" type="checkbox"/>
09/04/2010	ID# CK#	Unitemized Contributions	none	65.00	<input checked="" type="checkbox"/>
09/08/2010	ID# 6073 CK# 1662	IMPAC - Iowa Medical PAC 1001 Grand Ave West Des Moines, IA 50265	none	100.00	<input type="checkbox"/>
09/10/2010 to	ID# CK#	Unitemized Contributions	none	110.00	<input checked="" type="checkbox"/>
09/10/2010	ID# CK#	Tom X. Lazio 2301 N Court St Otumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
09/10/2010	ID# CK#	Charles Isenhardt P.O. Box 3353 Dubuque, IA 52004	none	50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 775.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE	
A	MONETARY RECEIPTS
(Rev. 07/03)	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

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09/10/2010	ID# 6004 CK# 5083	Associated General Contractors of IA PAC 701 E Court Ave Des Moines, IA 50309	none	\$1500.00	<input type="checkbox"/>
09/10/2010	ID# 6282 CK# 001862	Hy-Vee, Inc. Employee's PAC 5820 Westown Parkway West Des Moines, IA 50266	none	100.00	<input type="checkbox"/>
09/13/2010	ID# 6059 CK# 3548	ICAR Iowa Committee of Automotive Retailers 1111 Office Park Road West Des Moines, IA 50265	none	200.00	<input type="checkbox"/>
09/16/2010	ID# CK#	Carol Gullion 619 Chester Ave Ottumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
09/23/2010	ID# CK#	John D. Knight 305 Oakwood Ottumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
09/23/2010	ID# CK#	Unitemized Contributions	none	25.00	<input type="checkbox"/>
09/23/2010	ID# 6430 CK# 1679	Iowa Rural Water State PAC 4221 S 22nd Ave E Newton, IA 50208	none	150.00	<input type="checkbox"/>
09/24/2010	ID# 6334 CK# 1302	Plumbers and Steamfitters Local Union 33 2501 Bell Ave Des Moines, IA 50321	none	200.00	<input type="checkbox"/>
09/25/2010	ID# 6439 CK# 2084	CWA Council of State of Iowa Cope Fund 6200 Aurora Ave., Suite 503E Urbandale, IA 50322	none	100.00	<input type="checkbox"/>
09/30/2010	ID# CK#	Beth Austin 2728 N Court St Ottumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 2425.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill fro State Representative

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/06/2010	ID# 8084 CK# 12019	BNSF RAILPAC REC ID#00235739 Post Office Box 961039 Fort Worth, TX 76161-0039	none	\$500.00	<input type="checkbox"/>
10/07/2010	ID# 6058 CK# 47*9	Iowa Chiropractic Society PAC 100 East Grand Avenue, STE 240 Des Moines, IA 50309	none	100.00	<input type="checkbox"/>
10/08/2010	ID# 9098 CK# 21289	I.B.E.W. Educational Committee 900 Seventh Street N.W. Washington, D.C. 20001	none	250.00	<input type="checkbox"/>
10/09/2010	ID# 6046 CK# 4692	Justice For All PAC 216 6th Ave., Ste 526 Des Moines, IA 50309	none	100.00	<input type="checkbox"/>
10/13/2010	ID# CK#	Fred S. Hubbell 2300 Terrace Rd Des Moines, IA 50312	none	100.00	<input type="checkbox"/>
10/13/2010	ID# CK#	Timothy J. Urban 214 Foster Dr Des Moines, IA 50312	none	100.00	<input type="checkbox"/>
10/13/2010	ID# CK#	G. David Hurd 300 Walnut St., Unit 183 Des Moines, AI 50309	none	100.00	<input type="checkbox"/>
10/13/2010	ID# CK#	F.W. Weitz 1245 Browns Woods Dr West Des Moines, IA 50265	none	100.00	<input type="checkbox"/>
10/13/2010	ID# CK#	Unitemized Contributions	none	25.00	<input type="checkbox"/>
10/14/2010	ID# 9758 CK# 1057	Labors Local Union 566 1305 E Mary St., Suite A Ottumwa, AI 52501	none	500.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1875.00

TOTAL (if last page of this schedule)

\$ 6260.00

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Page 4 of 4
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
07/31/2010	ID# CK#	South Ottumwa Savings Bank 320 Church St Ottumwa, IA 52501	Bank Service Charges	\$ 6.48
8/13/2010	ID# CK# 1191	Amber Lawler P.O. Bpx 171 Spirit Lake, IA 51360	Reimbursement postage for fund raiser	74.36
8/17/2010	ID# CK# 1192	Wapello County Auditor 101 W 4th St Ottumwa, IA 52501	Absentee lists and copies	10.50
09/07/2010	ID# CK# 1193	USPS 616 W 2nd St Ottumwa, IA 52501	Postage	560.00
09/08/2010	ID# CK# 1194	Bailey's Office Supplies 123 # 2nd St Ottumwa, IA 52501	Office Supplies	21.39
08/31/2010	ID# CK#	South Ottumwa Savings Bank 320 Church St Ottumwa, IA 52501	Bank Service Charges	6.33
09/14/2010	ID# CK# 1195	Ottumwa Elks #237 413 S Iowa Ave Ottumwa, IA 52501	Rent for fund raiser	100.00
09/16/2010	ID# CK# 1196	O'Hara True Value Hardware 500 W Main St Ottumwa, IA 52501	Yard Sign Supplies	26.45
SUB-TOTAL				\$ 807.71
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
09/20/2010	ID# CK# 1197	IDP Truman Fund 5661 Fleur Dr Des Moines, IA 50321	Donation	\$ 2000.00
09/30/2010	ID# CK#	South Ottumwa Savings Bank 320 Church St Ottumwa, IA 52501	Bank Service Charges	10.39
10/06/2010	ID# CK# 1198	Ottumwa Printing, Inc. 105 South Birch Ottumwa, IA 52501	Printing Campaign Materials	573.52
10/06/2010	ID# CK# 1199	IDP Truman Fund 5661 Fleur Dr Des Moines, IA 50321	Donation	4465.00
10/13/2010	ID# CK# 1204	IDP Truman Fund 5661 Fleur Dr Des Moines, IA 50321	Donation	1350.00
10/14/2010	ID# CK# 1205	Mary Gaskill 509 E 4th St Ottumwa, IA 52501	Reimbursement Printer supplies	69.50
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 8468.41
TOTAL (if last page of this schedule)				\$ 9276.12

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/19/2010	Mary Gaskill 509 E 4th Street Ottumwa, IA 52501	self	7/15/2010 to 10/14/2010-1/4 on line computer	\$ 48.78	<input type="checkbox"/>
08/29/10	Brenda Curran 1417 N Van Buren Ave Ottumwa, IA 52501	daughter	food	12.00	<input checked="" type="checkbox"/>
08/29/2010	Naomi Poncy 653 N Court St Ottumwa, IA 52501	none	food	12.00	<input checked="" type="checkbox"/>
08/29/2010	Carolee Kern 2704 Kenwood St. Ottumwa, IA 52501	none	food	12.00	<input checked="" type="checkbox"/>
07/16/2010	Mary Gaskill 509 E 4th Street Ottumwa, IA 52501	self	food	66.57	<input checked="" type="checkbox"/>
08/06/2010	Mary Gaskill 509 E 4th Street Ottumwa, IA 52501	self	food	61.27	<input checked="" type="checkbox"/>
08/13/2010	Mary Gaskill 509 e 4th Street Ottumwa, IA 52501	self	food	12.50	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 225.12	
TOTAL (If last page of this schedule)				\$ 225.12	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.